

Program Description

This template can help you set up your program description. **It is NOT a substitute for the rules.** Please refer to the rule number and read the rule thoroughly before developing your program description. This template is also available in an electronic version for your convenience.

The program description is described in **R9-20-201 A.2.** , which states, “For each subclass for which the licensee is licensed, adopt, maintain, and have available at the agency for public review, a current written program description that includes:”

Describe your Subclass **R9-20-201 A.2.a.**

What are your program goals? **R9-20-201 A.2.b.**

Refer to R9-20-102B and describe the behavioral health service that your agency provides **R9-20-201 A.2.c.**

If the agency is authorized to provide counseling, specify whether individual, family or group counseling is provided **R9-20-201 A.2.d.i.**

If the agency is authorized to provide counseling, specify whether the counseling addresses a specific type of behavioral health issue, such as substance abuse or a crisis situation **R9-20-201 A.2.d.ii.**

If the agency is authorized to provide counseling, indicate the type and amount of counseling offered by the agency each week **R9-20-201 A.2.d.iii.**

Identify the population that is served by the agency, such as children, adults age 65 or older, individuals who are seriously mentally ill, individuals who have substance abuse problems, or individuals who have co-occurring disorders **R9-20-201 A.2.e.**

Specify the hours and days the agency's administrative offices are open **R9-20-201 A.2.f.i.**

Specify the hours and days behavioral health services are available at the agency **R9-20-201 A.2.f.ii.**

Specify whether the agency provides behavioral health services off the premises and if so, the behavioral health services that are provided off the premises **R9-20-201 A.2.g.**

Indicate the criteria for admitting and re-admitting an individual into the agency **R9-20-201 h.i.**

Indicate the criteria for placing an individual on a waiting list **R9-20-201 h.ii.**

Indicate the criteria for referring an individual to another agency or entity **R9-20-201 h.iii.**

Indicate the criteria for discharging a client, including an involuntary discharge **R9-20-201 h.iv.**

Indicate the criteria for transferring a client **R9-20-201 h.v.**

Indicate the criteria for declining to provide behavioral health services or treatment to an individual **R9-20-201 h.vi.**

Describe the minimum qualifications, experience, training, skills, and knowledge specific to the behavioral health services the agency is authorized to provide and the populations served by the agency that staff members are required to possess **R9-20-201 A.2.i.**

Describe the policies and procedures for receiving a fee from and refunding a fee to a client or a client's parent, guardian, or custodian **R9-20-201 A.2.j.**

Describe the availability of behavioral health services for an individual who does not speak English **R9-20-201 A.2.k.**

Specify the accommodations made to the premises for individuals with a mobility impairment, sensory impairment, or other physical disability **R9-20-201 A.2.l.**

If an outpatient clinic provides partial care, specify the days and times that counseling or medication services are available. **R9-20-201 A.2.m.**

For an inpatient treatment program or a residential agency, specify whether the agency provides treatment in a secure facility **R9-20-201 A.2.n.i.**

For an inpatient treatment program or a residential agency, indicate the client-to-staff ratios for day, evening, and night shifts **R9-20-201 A.2.n.ii.**

For an inpatient treatment program or a residential agency, specify whether the agency chooses to manage client funds through a personal funds account **R9-20-201 A.2.n.iii.**

Specify whether the agency may use an emergency safety response **R9-20-201 A.2.o.**

